

OFFICE OF VITAL STATISTICS
P.O. BOX 637
DOVER, DELAWARE 19903

Today's Date _____
Number of Copies _____

ADOPTEE'S APPLICATION FOR COPY OF ORIGINAL BIRTH CERTIFICATE
COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE

Full Name at Birth (If known) _____ Full Name Given You Upon Adoption _____

Date of Birth (Month, Day, Year) _____ Place of Birth (Hospital) _____

Birth Mother's Full Maiden Name (If known) _____ Birth Father's Full Name (If Known) _____

Adopted Mother's Full Maiden Name _____ Adopted Father's Full Name _____

PHOTO IDENTIFICATION MUST BE PRESENTED

To Vital Statistics verifying that you are indeed
The adoptee who is named above.

PLEASE COMPLETE
YOUR NAME AND
MAILING ADDRESS

Name

Street/Development/Rural Delivery/Box Number

City/Town

State Zip Code

Daytime Telephone Number

FEE: \$10.00

Payable to the OFFICE OF VITAL STATISTICS

****PLEASE BE AWARE THAT THIS PROCESS CAN TAKE UP TO TWO MONTHS****